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FAX TRANSMISSION

DATE: August 21, 2006

PTO IDENTIFIER: Application Number 10/795,848-Conf. #1275
Patent Number

Inventor: Charles R. Szmanda

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: EDWARDS ANGELL PALMER & DODGE LLP

Christine C. O'Day

PHONE: (617) 439-4444

Attorney Dkt. #: 52022(70329)

PAGES (Including Cover Sheet): 8

CONTENTS: Transmittal (1 page)
Response to Restriction Requirement (2 pages)
Fee Transmittal (1 page)
Five Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)
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Certificate of Transmission (1 page)

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PTO/SB/07 (09-04)

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Application No. (if known): 10/795,848

Attorney Docket No.: 52022(70329)

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Susan M Dillon

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Susan Dillon

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Transmittal (1 page)

Response to Restriction Requirement (2 pages)

Fee Transmittal (1 page)

Five Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

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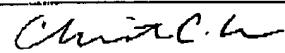
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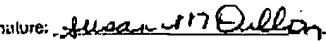
| | | | |
|--|--|------------------------|---------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | | Application Number | 10/795,848 |
| | | Filing Date | March 8, 2004 |
| | | First Named Inventor | Szmandra |
| | | Art Unit | 1713 |
| | | Examiner Name | R. Harlan |
| Total Number of Pages in This Submission | | Attorney Docket Number | 52022 (70329) |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|---|---|----------|--------|
| Firm Name | EDWARDS ANGELL PALMER & DODGE LLP | | |
| Signature |  | | |
| Printed name | Christine C. O'Day | | |
| Date | August 21, 2006 | Reg. No. | 38,256 |

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Dated: August 21, 2006

Signature:  (Susan Dillon)

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P. 04

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PTO/SB/17 (07-05)

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| | | | |
|---|--|--------------------------|------------------------|
| Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> | | Complete if Known | |
| Fee TRANSMITTAL For FY 2005 | | Application Number | 10/795,848-Conf. #1275 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | March 8, 2004 |
| TOTAL AMOUNT OF PAYMENT (\$) | | First Named Inventor | Charles R. Szmanda |
| (\$) | | Examiner Name | R. D. Harlan |
| 2,160.00 | | Art Unit | 1713 |
| | | Attorney Docket No. | 52022(70329) |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|---|--------------------------------------|---|-------------------------------|---|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | | <input checked="" type="checkbox"/> Credit any overpayments | | |

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---|--------------|----------|---------------|--|----------|---------------|
| - | = | x | = | - | - | - |
| HP = highest number of total claims paid for, if greater than 20. | | | | HP = highest number of independent claims paid for, if greater than 3. | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|--------------------------------|---------------|
| - | - 100 = | /50 | (round up to a whole number) x | = |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1255 Extension for response within fifth month

2,160.00

| SUBMITTED BY | | Registration No. (Attorney/Agent) | Telephone |
|--------------|---------------------------|--------------------------------------|----------------|
| Signature | <i>Christine C. O'Day</i> | 38,256 | (617) 439-4444 |

Name (Print/Type)

Christine C. O'Day

Date

August 21, 2006

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